

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
Michael Young	08C302 08c302
DEFENDANT	TYPE OF PROCESS
L. Williams, et al.	S/C

SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	L. Williams, #5739, Cook County Jail Officer
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	C.G.J., C/O Legal Dept. 2700 S. California Ave., 2nd. Flr. Div.5, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
Michael Young, #2007-0004908 Cook County Jail P.O. Box 089002 Chicago, IL 60608	Number of parties to be served in this case	6
	Check for service on U.S.A.	0

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

MAY 13 2008 PH  
May 13 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		02-22-08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
1 of 6	No. 24	No. 24			TE 02-22-08

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Officer Ronna Farnandis	
Address (complete only if different than shown above)	Date of Service Time
	5/08/08 11:00 am
	pm
	Signature of U.S. Marshal or Deputy
	<i>[Signature]</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount retained U.S. Marshal or Deputy	Amount of Refund
96.00	7.76	—	103.76	—	103.76	—

REMARKS:  
1-USM 10-miles  
2-Hours